

AGENDA
Task Force on Employee Wellness and Consolidation of Agency Group
Insurance

Tuesday, September 13, 2011

8:00 to 9:30 a.m.

Department of Health and Human Services' TAN (1st Floor)

Conference Room

401 Hungerford Drive, Rockville

CALL IN PHONE # 240-773-8122 pass-code 781326

- 8:00 Welcome from Bill Mooney, Task Force Chair
Public/Visitor Comments
Approval of Minutes
- 8:10 Presentation and Discussion: Sue DeGraba, Montgomery County
Public Schools
Overview of insurance participant demographics,
plan offerings, and wellness/disease management efforts
- 8:40 Presentation and Discussion: Lynda von Bargaen,
Montgomery College,
Overview of insurance participant demographics,
plan offerings, and wellness/disease management efforts
- 9:10 New Business
Public/Visitor Comments
- 9:30 Adjourn



Employee and Retiree Service Center

Mission Statement

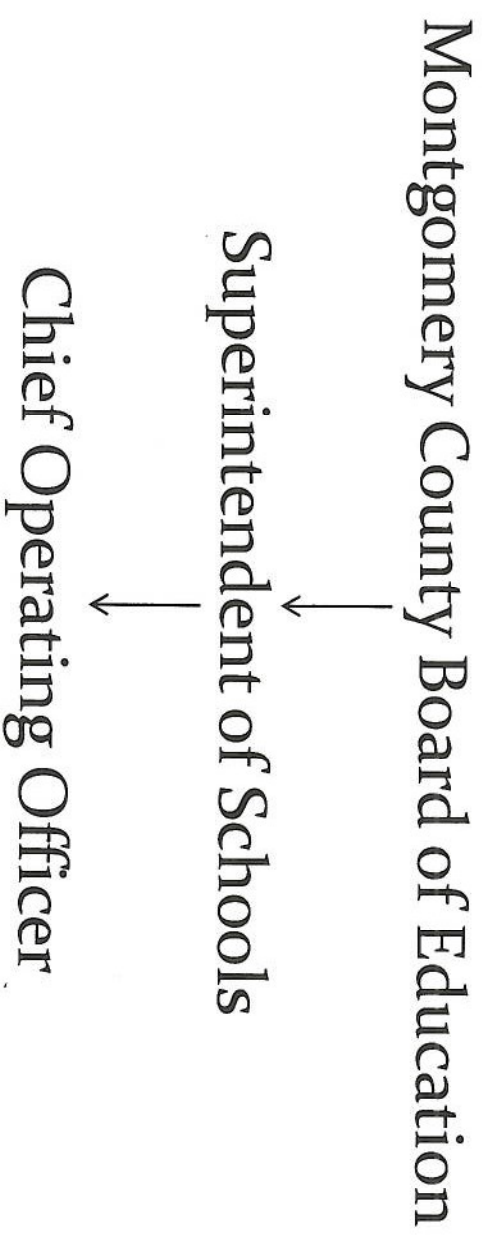
The Employee and Retiree Service Center's mission is to provide one place for employees, retirees, their families and MCPS partners to transact employment-related business.

Vision Statement

The Employee and Retiree Service Center will provide accurate and proactive service to all customers. We are committed to administering our employee programs fairly and consistently and we will ensure that active and retired MCPS employees and their families understand these programs. We will develop and implement creative and innovative solutions to challenging issues.



Governance Structure





MCPs Population

Total Population

Employees – 22,218

Retirees – 10,184

Total Population Covered Under Benefit Plans

Employees – 19,192

Retirees – 7,775

Union Representation

MCEA – 12,222

SEIU – 9,147

MCAAP - 677

MCBOA – 96

Union Excluded - 76



Health & Prescription Plans

Medical Plans:

- BlueChoice POS – In-network and Out-of-network plan
- BlueChoice HMO – HMO plan
- UnitedHealthcare POS – In-network and Out-of-network plan
- UnitedHealthcare HMO – HMO plan
- Kaiser Permanente HMO – HMO plan

Prescription Plan:

- Caremark – 3 tiered plan (generic, preferred & non-preferred brand copays).
- Retail and mail order delivery



Wellness & Disease Management Programs

Wellness Programs

Well Aware: MCPS employer based wellness program
Fitness & nutrition based competitions

Numerous measurable outcomes including:

- BMI measurement
- Activity measurements and journaling
- Weight loss
- Food journaling

Medical Plans: Medical plan sponsored wellness programs
Multiple health/wellness/fitness plans
Measureable outcomes limited



Well Aware

Program Overview:

- Enter activity into online platform. (Maximum 60 minutes per day/activity. Minimum 3 times per week food journaling).
- Form teams of 3-9 (MCPS on the Move).
- Answer quizzes corresponding to nutrition based reading material (Fuel the Move).

Program Outcomes:

- 5,354 MCPS accounts registered with Fitness Journal.
- 103,358 hours of activity logged.
- Total weight loss of 16,490 pounds.
- Average starting BMI: 26.2. Average ending BMI: 22.4 (taking the group from the obese category into the normal weight category).
- 57,715,885 calories burned .
- Food Journal entries: 8834



Disease Management

Disease management programs with all medical plans and Caremark (prescription plan) including:

- Chronic disease management (asthma, COPB, CHF, diabetes)
- Case management for ongoing treatment issues
- Education and awareness programs

Numerous measurable outcomes including:

- Participation statistics
- Compliance statistics (Rx use, care coordination, etc.)
- Employee contact with plan/nurse-line/DM program

2011

Your Benefits at a Glance

The chart below is a brief overview of your benefit options for 2011. For more information, refer to the appropriate section in this Benefits Summary.

Benefit	Your Options
Protecting Your Health	
Medical	
Point-of-Service (POS) Health Plans	<ul style="list-style-type: none"> • CareFirst BlueChoice—Open POS Plan • UnitedHealthcare Select Plus—Open POS Plan • UnitedHealthcare Select Plus—Closed POS Plan (open to employees hired before January 1, 1994 only)
Health Maintenance Organizations (HMO) Health Plans	<ul style="list-style-type: none"> • CareFirst BlueChoice HMO • Kaiser Permanente HMO • UnitedHealthcare Select HMO
Prescription Drug	<ul style="list-style-type: none"> • CVS/Caremark Prescription Drug (not available to Kaiser Permanente plan participants) • Kaiser Permanente Prescription Drug (only available to Kaiser Permanente plan participants)
Dental	<ul style="list-style-type: none"> • Aetna Dental Preferred Provider Organization (PPO) • Aetna Dental Maintenance Organization (DMO)
Vision	<ul style="list-style-type: none"> • National Vision Administrators, LLC
Protecting Your Income	
Flexible Spending Accounts	<ul style="list-style-type: none"> • Medical spending account (up to \$4,000/year—MCPS matches the first \$100 you contribute) • Dependent care account (up to \$5,000/year or \$2,500/year if married, filing separately)
Basic Term Life Insurance	<ul style="list-style-type: none"> • Employee (90% paid by MCPS)—2 times annual salary • Dependent (paid by MCPS)—\$2,000/spouse, \$1,000/each eligible dependent child
Optional Life Insurance	<ul style="list-style-type: none"> • Employee—1 times annual salary (paid by employee) • Dependent—\$10,000/spouse or each eligible dependent child (paid by employee)
Long-Term Care Insurance	Elect coverage through Prudential Life Insurance Company of America (paid by employee)
Protecting Your Future	
Defined Contribution Plans 403(b) Tax Shelter Savings Plan 457(b) Deferred Compensation Plan	Elect a percentage or flat amount of your salary to contribute to each account, up to annual IRS limits (available at www.mcps.yourplan.info)
Defined Benefit Pension Plans	By completing the appropriate forms, you are enrolled in state and/or county-sponsored pension plans.

Health Maintenance Organization (HMO) Plans	Kaiser Permanente HMO	UnitedHealthcare Select HMO	CareFirst BlueChoice HMO
Annual Deductible	None	None	None
Preventive Care			
Routine Physical Exam	Covered in full	\$5 co-pay*	\$5 co-pay*
Well Baby/Child Care	Covered in full (under age 5)	\$5 co-pay*	\$5 co-pay*
Childhood Immunizations	Covered in full (under age 5)	\$5 co-pay*	\$5 co-pay*
Physician Services			
Physician Office Visit	\$5 co-pay	\$5 co-pay	\$5 co-pay
Specialist Office Visit	\$5 co-pay	\$5 co-pay	\$10 co-pay
Lab Work and X-rays	Covered in full	Covered in full	Covered in full
Allergy Shots	\$5 co-pay	\$5 co-pay	\$5 co-pay (\$10 co-pay for specialist)
Maternity Care			
Prenatal and Postnatal Care	\$5 co-pay, no charge once pregnancy is confirmed*	\$5 co-pay first visit; covered in full thereafter per pregnancy*	\$10 co-pay per visit; \$100 max co-pay per pregnancy*
Physician Services	Covered in full	Covered in full	Covered in full
Hospital Services	Covered in full	Covered in full	Covered in full
Emergency Services (when medically necessary)			
Urgent Care Centers	\$5 co-pay	\$15 co-pay	\$10 co-pay
Emergency Room	\$100 co-pay (waived if admitted)	\$100 co-pay (waived if admitted)	\$100 co-pay (waived if admitted)
Emergency Physician Services	Covered in full	Covered in full	Covered in full
Emergency Ambulance	Covered in full if authorized	Covered in full	Covered in full
Hospital Services—Inpatient			
Semi-Private Room	Covered in full	Covered in full	Covered in full
Professional Services	Covered in full	Covered in full	Covered in full
Surgical Procedures	Covered in full	Covered in full	Covered in full
Specialty Care/ Consultation	Covered in full	Covered in full	Covered in full
Anesthesia	Covered in full	Covered in full	Covered in full
Radiology and Drugs	Covered in full	Covered in full	Covered in full
Intensive Care	Covered in full	Covered in full	Covered in full
Coronary Care	Covered in full	Covered in full	Covered in full
Hospital Services—Outpatient			
Surgical Procedures	\$5 co-pay	\$25 co-pay	Covered in full
Professional Fees	Covered in full	Covered in full	Covered in full
Mental Health/Substance Abuse Services			
Inpatient Days	Covered in full	Covered in full	Covered in full
Outpatient Visits	\$5 co-pay	\$5 co-pay	\$5 co-pay
Other Services			
Catastrophic Illness	Covered in full	Covered in full	Covered in full
Durable Medical Equipment	Covered in full	You pay 25%**	You pay 25%*
Home Health Care	Covered in full	Covered in full up to 60 visits	Covered in full
Hospice Care	Covered in full	Covered in full	Covered in full
Skilled Nursing Care	Covered in full up to 100 days	Covered in full up to 60 days	Covered in full

*Applies to services not specifically listed in the previous preventive care charts.

**Does not include diabetic supplies such as lancets, glucose strips, etc. See CVS/Caremark Prescription for details.

Open Point of Service (POS) Plans	CareFirst BlueChoice POS		UnitedHealthcare Select Plus POS	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	None	\$300 individual, \$600 family	None	\$300 individual, \$600 family
Preventive Care				
Routine Physical Exam	\$10 co-pay*	Not covered	\$10 co-pay*	Not covered
Well Baby/Child Care	\$10 co-pay*	80%, no deductible	\$10 co-pay*	80%, no deductible
Childhood Immunizations	Covered in full	80%, no deductible	Covered in full	80%, no deductible
Physician Services				
Physician Office Visit	\$10 co-pay	80% after deductible	\$10 co-pay	80% after deductible
Specialist Office Visit	\$10 co-pay	80% after deductible	\$10 co-pay	80% after deductible
Lab Work and X-rays	Covered in full	Diagnostic: 80% after deductible Routine: not covered	Covered in full	Diagnostic: 80% after deductible Routine: not covered
Allergy Evaluations	\$10 co-pay each visit	80% after deductible	\$10 co-pay each visit	80% after deductible
Allergy Shots	Covered in full	80% after deductible	Covered in full	80% after deductible
Maternity Care				
Prenatal and Postnatal Care	\$10 co-pay first visit, covered in full after*	80% after deductible	\$10 co-pay first visit, covered in full after*	80% after deductible
Physician Services	Covered in full	80% after deductible	Covered in full	80% after deductible
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Emergency Services (when medically necessary)				
Urgent Care Centers	\$10 co-pay	80% no deductible	\$10 co-pay	80% no deductible
Emergency Room	\$100 co-pay, w aided if admitted	\$100 co-pay, w aided if admitted	\$100 co-pay, w aided if admitted	\$100 co-pay, w aided if admitted
Emergency Physician Services	Covered in full	Covered in full	Covered in full	Covered in full
Emergency Ambulance	Covered in full	Covered in full	Covered in full	Covered in full
Hospital Services—Inpatient				
Semi-Private Room	Covered in full	80% after deductible up to 180 days	Covered in full	80% after deductible up to 180 days
Professional Services	Covered in full	80% after deductible	Covered in full	80% after deductible
Surgical Procedures	Covered in full	80% after deductible	Covered in full	80% after deductible
Specialty Care/ Consultation	Covered in full	80% after deductible	Covered in full	80% after deductible
Anesthesia	Covered in full	80% after deductible	Covered in full	80% after deductible
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Outpatient Visits	\$10 co-pay	80% after deductible	\$10 co-pay	80% after deductible
Other Services				
Catastrophic Illness	Covered in full	Covered in full after \$1,000 out-of-pocket expenses (excludes deductible)	Covered in full	Covered in full after \$1,000 out-of-pocket expenses (excludes deductible)
Durable Medical Equip.**	Covered in full	80% after deductible	Covered in full	80% after deductible
Home Health Care/ Skilled Nursing Care	Covered in full	80% after deductible	Covered in full	80% after deductible
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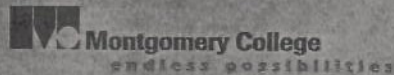
*Applies to services not listed in the previous preventive care charts.

**Does not include diabetic supplies such as lancets, glucose strips, etc. See CVS/Caremark Prescription for details.

Montgomery College Summary of Benefits

September 13, 2011

Lynda S. von Bargen, Deputy Chief HR Officer



Introduction

- Montgomery College offers its employees:

Benefits	College Cost - Actives	College Cost - Retirees
3 Medical Plans (all plans include RX) -PPO -POS -Kaiser HMO	75%	60%
2 Dental Plans	75%	60%
Basic Life (2x salary up to \$100,000)	75%	80%
LTD	75%	N/A
Optional Life (1x, 2x, 3x Salary)	0%	N/A
Dependent Life	0%	N/A
Spousal Life	0%	N/A
Supplemental Vision	0%	0%
Pre-Paid Legal Plan	0%	N/A

Benefits Review Committee

- Montgomery College does not negotiate specific plan design with its unions – AAUP and AFSCME each have representation on the Benefits Review Committee (BRC). The BRC works with the Office of Human Resources in making recommendations for plan changes each year.

Demographics

- Total numbers of current employees/retirees currently covered under the insurance program

Employee Breakdown/Retirees	
Administrators	76
Associate and Support Staff	1,111
FT Faculty	589
Retirees	581
Total	2,357

- Current benefit eligible employees represented by a union

Type of Employee	Union	No.
Staff	AFSCME	545 (31%)
Faculty	AAUP	589 (33%)

Demographics

▶ CIGNA (Actives) – Medical Only



- No. of Employees 944
- No. of Dependents 1,218
- % of Population over age 40 63.7% (Norm 45.3%)

▶ Kaiser Permanente (Actives)



KAISER PERMANENTE

- No. of Employees 431
- No. of Dependents 902
- Average Age of Kaiser Permanente MC Participant 35.6 (Norm 35)

Demographics

Active Enrollment as of September 1, 2011

▶ CIGNA PPO Plan (16%)

- Individual – 142
- Family – 134

▶ CIGNA POS Plan (37%)

- Individual – 251
- Family – 412

▶ Kaiser Permanente (25%)

- Individual – 214
- Family – 225

Demographics

- ▶ Current Retiree Enrollment
 - CIGNA PPO Plan
 - Under Age 65 (16%)
 - Individual – 36
 - 2 Individual – 8
 - Family – 3
 - Over Age 65 (55%)
 - Individual – 238
 - 2 Individual – 84
 - CIGNA POS Plan (Not eligible for Medicare) (3%)
 - Individual – 12
 - 2 Individual – 4
 - Family – 2
 - Kaiser – Under Age 65 (13%)
 - Individual – 14
 - Family – 4
 - Kaiser – Over Age 66
 - Individual – 60

Current PPO Rx Plans

CVS CAREMARK CAREMARK

- ▶ PPO Plan Design – \$150 Rx Deductible Per Person
 - 3 Tier Plan – Retail
 - \$10 Generic
 - \$20 Formulary
 - \$40 Brand
 - 3 Tier Plan – Main-Order/Maintenance Medications
 - \$20 Generic (2 co-pays = 90 Day Supply)
 - \$40 Formulary (2 co-pays = 90 Day Supply)
 - \$80 Brand (2 co-pays = 90 Day Supply)
 - Ability to pick up mail order medications at CVS pharmacy with same mail-order pricing.
- ▶ Clinical management pre-authorization for certain Rx:
 - gastrointestinal, migraine, anti-inflammatory, anti-fungal
- ▶ No separate Rx benefit



Current PPO Medical Plan Design

- \$300 Individual Deductible
- \$250 Hospital Deductible
- 80/20 co-insurance in-network
- 70/30 co-insurance out-of-network
- Out of Pocket Maximum – \$2000 Individual (no family maximum)



Current PPO Rx Plans

CVS CAREMARK CAREMARK

- POS Rx Plan Design – \$150 Deductible Per Person
 - 3 Tier Plan – Retail
 - \$10 Generic
 - \$20 Formulary
 - \$40 Brand
 - 3 Tier Plan – Main-Order/Maintenance Medications
 - \$20 Generic (2 co-pays = 90 Day Supply)
 - \$40 Formulary (2 co-pays = 90 Day Supply)
 - \$80 Brand (2 co-pays = 90 Day Supply)
 - Ability to pick up mail order medications at CVS pharmacy with same mail-order pricing.

Source	Your cost 2 co-pays	Amount	Annual Cost
Retail	\$40	30 day supply	\$480
Mail Order	\$40	90 day supply	\$160
			\$320 Savings

- Clinical management pre-authorization for certain Rx:
 - gastrointestinal, migraine, anti-inflammatory, anti-fungal



Current POS Plan Design



- ▶ In-Network = HMO
 - In-network \$15 co-pay office visits
 - In-network \$20 co-pay specialist office visits
 - In-network \$100 co-pay ER
 - In-network \$50 co-pay for Urgent Care Centers
 - Vision co-pay = \$5.00
 - Limited reimbursement for frames, lenses, contacts
- ▶ Out-of-network \$300 Individual Deductible
- ▶ Out-of-network 70/30 co-insurance
 - No vision coverage



Current Kaiser Rx Plan



- ▶ Kaiser Permanente Rx Plan Design
 - Active Employees
 - \$15/\$30 - Generic/Brand
 - \$16/\$37- Generic/Brand Participating Network Pharmacy Retirees
 - Under 65 (same as actives)
 - \$0 to \$10 for Part-B covered chemotherapy drug other Part B covered drugs.



Current Kaiser Permanente Plan Design

- \$15 co-pay for Office Visits
- \$30 co-pay for Specialist Office Visits
- \$100 co-pay per hospital admission
- After Hours Urgent Care \$30 co-pay
- \$75 ER co-pay



Recent Prior Plans Changes

- Montgomery College implements plan changes based on data provided by insurance carriers.
 - 2008 - ER co-pay increased from \$50 to \$100 as data provided by carrier showed inappropriate use of ER.
 - Continuous changes of Rx program to encourage mail-order and generic usage.
 - See attached addendum for comprehensive changes since 2002.



Wellness and Disease Management

Programs currently include:

Asthma, Cardiac, COPD, Diabetes, Low Back

Disease Management Program Highlights

- › 53% of all identified individual are participating in the program and 32% of all participants are engaged telephonically.
- › 56% of engaged individuals have an acute or high level of need.
- › The diabetes program has the greatest number of participating individuals - 141.
- › The low back program has the greatest number of individuals opting out - 22.
- › CIGNA's disease management generated an estimated \$200,000 in savings.

Wellness and Disease Management

Summary of Well-Informed Gaps in Care

- › 1,328 members qualified for a gap in care evaluation, with 474 compliant and 854 non-compliant with evidence based medicine guidelines.
- › Rules compliance was above the norm at 80.3%
- › Across all conditions, there were 1,095 total mailings for members who had evidence-based gaps in care.
- › \$94,500 in savings was estimated from closure of evidence-based gaps in care during the current period, for an average savings of \$230 per credited closure.
- › Savings resulted from 411 credited closures, defined as a gap closure tied to an intervention by CIGNA Health Advocacy programs.
- › Overall gap inventory decreased from 1,110 to 1,027 driven by 377 new hyperlipidemia gaps and 366 closed hyperlipidemia gaps.

Proposed Changes for 2012

- Implementation of Consumer Driven Health Plan (CDHP) CIGNA Choice Fund
 - Health Spending Account paired with a high deductible health plan


College Funds	Employee Funds (Pre-Tax)	High-Deductible Health Plan
\$400/Individual \$900/Family	Up to \$3050 Ind. Up to \$6150 Family	\$1200 Ind. \$2400 2 Individuals \$3000 Family

Elimination of PPO Plan for Active Employees

Proposed Changes for 2012

- Pharmacy costs contribute to the deductible and out-of-pocket maximum.
- Debit Card Issued for CDHP Participants
- Family Deductible Must be Met.
- Preventative Care Covered 100%
- 90% in-network co-insurance after deductibles
- Out-of-Pocket Maximum
 - Individual \$1,700
 - Two Persons \$3,000
 - Family \$3,800

2012 – POS Plan Changes

- ▶ New In-Network Deductibles 
 - \$250/Individual
 - \$500/Family
- ▶ 90/10 Co-Insurance
 - In-patient/Outpatient Hospital Services
- ▶ Lab and X-Ray
 - 90/10 Co-Insurance after Deductible
- ▶ RX
 - 10% Coinsurance with \$10 minimum and \$20 maximum
 - 20% Coinsurance with \$20 minimum and \$50 maximum
 - 40% Coinsurance with \$40 minimum and \$100 maximum
- ▶ Office Visits (Deductible does not apply)
 - \$15 Primary Care Physician
 - \$25 Specialist

Plan Design Changes bring awareness to cost of medical care.

2012 Plan Changes – Cost Implications

- ▶ Kaiser Permanente, no plan changes premium increasing 5.07%
- ▶ POS Premium – decreasing 3.46%
- ▶ CDHP Plan replacing PPO plan – premium decreasing
 - 8.86% Individual
 - 9.16% Family



Montgomery College
Medical Plan Design Changes by Year

2002 PPO

Rx - Mail Order Benefit
\$20 copay - generics - 3 mo. supply
\$30 copay - brand - 3 mo. supply
\$750 Out-Of-Pocket maximum

POS

Rx - Mail Order Benefit
\$20 copay - generics - 3 mo. supply
\$30 copay - brand - 3 mo. supply

Kaiser

Optimum Choice

(closed plan only offered to employees
hired before 9/1/88)

2003 PPO

Rx - Mail Order Benefit

\$20 copay - generics - 3 mo. supply

\$40 copay - formulary - 3 mo. supply

\$60 copay - brand - 3 mo. supply

Medical Benefits

Individual deductible increased from \$150 to \$200

Added inpatient hospital copay of \$250 per admission
on top of regular \$200 deductible + 20% coinsurance

Dependents covered until age 23 if full-time student

POS

Rx - Retail/Mail Order Benefit

No changes

Medical Benefits

PCP copay increased from \$5 to \$10

Specialist copay increased from \$5 to \$15

Dependents covered until age 23 if full-time student

Kaiser

Rx - Retail/Mail Order Benefit

\$10 generic/\$20 brand at Kaiser pharmacy

\$16 generic/\$32 brand at participating pharmacy

\$10 generic/\$20 brand - mail order/90 day supply

Medical Benefits

Office visit copays increased from \$5
PCP/Spec. to \$10 PCP/Spec.

Dependents covered until age 23 if full-time student

Optimum Choice

Rx - Retail Benefit

\$10/generic

\$20/formulary

\$35/brand

Medical Benefits

Office visit copays increased from
\$5/\$10 PCP/Spec. to \$10/\$15
PCP/Spec.

Dependents covered until age 23 if full-time student

2004 PPO

Rx - Retail Benefit (after satisfying \$150 deductible)

\$10 copay - generics

\$20 copay - formulary

\$40 copay - brand

Rx - Mail Order Benefit

\$20 copay - generics - 3 mo. supply

POS

Rx - Retail Benefit

\$10 copay - generics

\$20 copay - formulary

\$30 copay - brand

Rx - Mail Order Benefit

\$20 copay - generics - 3 mo. supply

Kaiser

Rx Benefits

No changes

Medical Benefits

No changes

Optimum Choice

Rx - Retail/Mail Benefit

Ancillary charge added if brand name drug was prescribed

Medical Benefits

Office visit copays increased from
\$10/\$20 PCP/Spec. to \$15/\$30
PCP/Spec.

Montgomery College
Medical Plan Design Changes by Year

<p>\$40 copay - formulary - 3 mo. supply \$80 copay - brand - 3 mo. supply 2x copay assessed if mail order not used for maintenance drugs on third refill.</p> <p>Medical Benefits No changes</p>	<p>\$40 copay - formulary - 3 mo. supply \$60 copay - brand - 3 mo. supply 2x copay assessed if mail order not used for maintenance drugs on third refill.</p> <p>Medical Benefits No changes</p>	<p>Outpatient copays \$30; Outpatient Surgery \$50 Urgent Care \$35; ER increased from \$50 to \$75 Added 10% Hospital co-insurance</p> <p>\$3,000 single \$6,000 family OOP max.</p>
<p>2005 PPO Rx - No changes to retail/mail structure</p> <p>Out-Of-Pocket (OOP) max. of \$750 removed</p>	<p>POS Rx - Retail Benefit</p> <p>\$10 copay - generics \$20 copay - formulary \$40 copay - brand</p> <p>Rx - Mail Order Benefit</p> <p>\$20 copay - generics - 3 mo. supply \$40 copay - formulary - 3 mo. supply \$80 copay - brand - 3 mo. supply</p>	<p>Kaiser Rx Benefits</p> <p>No changes</p> <p>Medical Benefits Specialist office visit copay increased from \$10 to \$20</p>
<p>2006 PPO Rx - No changes to retail/mail structure</p> <p>Medical Benefits Individual deductible increasing from \$200 to \$300</p> <p><i>Same-sex only domestic partners eligible for coverage</i></p>	<p>POS Rx - No changes to retail/mail structure</p> <p>Medical Benefits PCP copay increased from \$10 to \$15 Specialist copay increased from \$15 to \$20</p> <p><i>Same-sex only domestic partners eligible for coverage</i></p>	<p>Optimum Choice Rx Benefits</p> <p>Medical Benefits PCP office visit copay increased from \$10 to \$15 Specialist office visit copay increased from \$20 to \$30</p> <p>No changes</p> <p><i>Same-sex only domestic partners eligible for coverage</i></p>
<p>2007 PPO Rx Benefits No changes</p> <p>Medical Benefits No changes</p>	<p>POS Rx Benefits No changes</p> <p>Medical Benefits No changes</p>	<p>Kaiser Rx Benefits No changes</p> <p>Medical Benefits No changes</p> <p>Optimum Choice Rx Benefits No changes</p> <p>Medical Benefits No changes</p>

Montgomery College
Medical Plan Design Changes by Year

2008 PPO

Rx - plan carved out - Caremark becomes PBM
Plan structure remains the same with penalty for not using mail order.

Medical Benefits
Preventive care now covered for all family members

POS

Rx - plan carved out - Caremark becomes PBM
Plan structure remains the same with penalty for not using mail order.

Medical Benefits
ER copay increased from \$50 to \$100

Kaiser

Rx Benefits
No changes

Medical Benefits
Dependents now covered until age 25 if claimed on taxes

Optimum Choice

Plan eliminated. Participants forced to pick an alternate plan or drop coverage.

2009 PPO

Rx Benefits
No changes

Medical Benefits
No changes

POS

Rx Benefits
No changes

Medical Benefits
No changes

Kaiser

Rx Benefits
No changes

Medical Benefits
Preventive care covered with \$0 copay (Kaiser instituted)

2010 PPO

Rx Benefits
Generic incentive plan added - one free fill of generic alt.

Medical Benefits
OAP network incorporated to provide deeper discounts

POS

Rx Benefits
Generic incentive plan added - one free fill of generic alt.

Medical Benefits
No Changes

Kaiser

Inpatient hospital stay copay increased from \$0 to \$100 per admission

2011 PPO

Plan is in grandfathered status due to PPACA
Pre-ex removed for dependents under age 19
Dependents covered until age 26 regardless of student status

POS

Plan is in grandfathered status due to PPACA
Pre-ex removed for dependents under age 19
Dependents covered until age 26 regardless of student status

Kaiser

Plan is in grandfathered status due to PPACA
Dependents covered until age 26 regardless of student status

Approved September 20, 2011

Minutes

Task Force on Employee Wellness and Consolidation of Agency Group Insurance

Tuesday, September 13, 2011

DHHS 401 Hungerford Road - Tan Conference Room

The meeting was called to order by Task Force Chair William (Bill) Mooney at 8:05 a.m.

Approval of Minutes

The minutes from September 6, 2011 were amended to accurately reflect that Mr. Israel, Mr. McTigue, and Ms. Riar were present. The amended minutes were approved without objection

Presentation – Montgomery County Public Schools

Mr. Johnstone provided an overview of benefits provided by Montgomery County Public Schools. Handouts were provided.

MCPS has over 22,000 employees and 10,000 retirees. Over 19,000 employees and 7,700 retirees are covered under the benefit plans. There are five medical plan options: a Blue Choice Point-of-Service (POS) Plan, a Blue Choice HMO, a United Healthcare POS, a United Healthcare HMO, and a Kaiser Permanent HMO.

There is a 3-tiered prescription plan through Caremark. Mail order of maintenance medications is required as is the use of generics.

Over the last three years, MCPS has jointly negotiated benefits with all unions at same time with a process that has all the unions at the same bargaining table. This is why there are no differences in plans for any specific represented group at MCPS.

Through collaboration with the unions, MCPS developed a wellness program called “Well Aware.” This is a global program for MCPS; much of it is set up as a competition. Part of the initial program has been measuring outcomes regarding Body Mass Index (BMI), activity measurement, weight loss, and tracking food consumption through journals. The handouts highlight outcomes including a reduction in BMI for participants and burning over 57 million calories. The outcome for BMI reduction is very important because MCPS expects it will impact heart disease.

MCPS has a wellness coordinator and a steering committee that works on wellness issues. The wellness coordinator also works with the medical plan providers that provide “soft” wellness programs. The steering committee includes representation from the each of the unions. Mr. Israel noted that the Montgomery County Education

Association (MCEA) supported funding the wellness coordinator even in budgets where school-based jobs were being reduced.

Communication about the wellness program began through blast e-mails. There is now a wellness website, a health benefits quarterly newsletter, and a monthly wellness newsletter. There are also health screenings and education seminars. There are some leaflets targeted to certain employment centers.

MCPS wants to launch a hard smoking cessation program and is working with Kaiser Permanente. Kaiser is offering an eight week program for 2 classes of 25 each (MCPS funded.) Kaiser is using a class model because programs that give people support and are behavioral modification programs have the best outcomes.

In the beginning the wellness program was funded with a grant from Kaiser but is now funding through the health trust fund.

The wellness program was first rolled out in elementary schools. There are advantages in the schools since Physical Education teachers are natural coaches. The food service staff also looked at food offered in the staff cafeteria. MCPS is encouraging people to make manageable, incremental changes that will bring results.

MCPS also believes it is important for the kids in the school to see the wellness and fitness efforts.

Mr. Goldberg asked what was needed to get people to participate in this effort and to change the culture for employees. MCPS responded that they did not change work schedules but have looked carefully at the structure of the prizes and incentives. Every school has a coach. Employees already work very hard, but MCPS hears that some have found a way to maybe get up a half hour earlier or find another time in the day. Mr. Israel noted that MCEA was thrilled that there was 50% participation in the elementary schools and believes that the teaming aspect of the program is critical.

MCPS is rolling out the program to central services this year. There is an enrollment period, a weigh-in, and BMI assessment associated with the program. MCPS does not have a specific target for enrollment.

Ms. Fidler asked if the program was open to retirees and whether the insurance companies will provide incentives. MCPS responded that they have not started a program for retirees yet and there are some hurdles to communicating with retirees. The biggest incentive is built into the insurance rates. Because MCPS is self-insured (for all plans except Kaiser) if there are fewer claims, premiums will come down. In response to questions about the availability of disease management programs, MCPS said that disease management support is available through providers but it is voluntary. MCPS does have some data on disease management compliance.

Presentation – Montgomery College (and continuation of discussion of information provided in MCPS presentation)

Ms. von Barga provided an overview of benefits provided by Montgomery College. Handouts were provided.

Montgomery College does not negotiate specific levels of coverage with any of the unions representing employees. The College works together with the unions to make recommendations to the Human Resources Office. These recommendations are forwarded to the vice president for approval.

The College looks at their plans every year to determine how to make changes to accommodate the dollars the College has available to fund medical benefits.

Currently, the College offers three medical plans, a Preferred Provider Option (PPO) and a Point of Service (POS) through CIGNA and an HMO through Kaiser Permanente. The prescription plan is a part of the medical plan (there is not a separate enrollment option) but has a separate deductible. There are increased deductibles for not using mail order and pre-authorization is required for certain drugs. There are 2,357 employees and retirees eligible for coverage under College insurance plans. CIGNA plans cover 944 active employees and 1,218 dependents. There is a higher percentage of people in the CIGNA plans that are over the age of 40 (63.7%) compared to what would be normally expected (45.3%).

There are disease management programs around the major cost drivers but there is not vendor performance tied to success around disease management or other trends in use of services. For example, the College made a change around the co-pay for the use of emergency rooms (ER) because there was data showing that there was inappropriate use of the ER. There is not an incentive to providers for a drop in ER usage. The College encourages the use of urgent care centers by setting the co-pay for urgent care the same as for a doctor's visit.

MCPS was asked about disease management incentives. Mr. Johnstone said there is disease management but it is voluntary. If the vendor calls a participant and the participant declines participation, there is no incentive or penalty tied to this.

There was a question asked about whether access to information is difficult for some people if it is only available through e-mail or as on-line programs. Mr. Johnstone said that there are certain groups where MCPS thinks this may be an issue and some information is provided in print. MCPS recognizes there are access issues and cultural issues. Ms. DeGraba noted that MCPS payroll advice information is also only available electronically and MCPS knows that at least 90% of employees are able to access payroll information on-line, so there is less of a barrier than people may think.

Mr. Mooney said that there has been discussion of incentives that are a disadvantage, but there are ways to make it to someone's advantage. For example, someone's co-pay might drop if they keep up with maintenance drugs. The Task Force may want to look at ways to create positive incentives.

Looking forward for 2012, the College realized that plan design changes would only go so far in holding down costs. For 2012, the College will offering a Consumer Driven Health Plan (CDHP) to replace the PPO plan. This change has the support of the benefits committee. There will be a College funded Health Spending Account (HSA). The main difference with implementing the high deductible plans is that people have to meet the deductible first; this will be a change and will require a lot of communication.

There is going to be a debit card for the CDHP plan's HAS. There will be an account set up with a bank and the College will not be involved people's withdrawals from the account. The responsibility for how the money will be used is the employee's. CIGNA will pick the bank, the College is not involved.

Preventive care will be covered 100%. The College is not trying to discourage preventive care.

Out of pocket maximums for a combination of medical and prescription will be \$1,700 for an individual, \$3,800 for a two-person plan, and \$3,800 for a family. This structure could actually benefit some people with expensive medications since they will hit the maximum and the College's previous plan did not have a maximum for prescription.

The College is expecting a 5% increase in the cost for Kaiser in 2012 but premiums will decrease by about 3½% for the POS and about 9% for the CDHP.

The College does have fairly robust wellness program with a wellness coordinator. There are some metrics available. The College has a lot of competitions. The College is also fortunate because there are fitness facilities available. The College offers 1½ hours of relief time if the employee can match it with their own time. This allows an employee to have enough time, for example, to exercise at lunch.

The College is looking at health risk assessments because it understands it can't have good measurements without an assessment. The College is looking at having mandatory health risk assessments as a part of plan participation. The College is also looking at having an interactive tool for employees to use to help analyze their cost and pick the correct medical plan.

Mr. McTigue asked whether there is concern that the CDHP will only be selected by younger and healthier people whether this type of plan undermines the idea of health insurance. The College responded that they looked at what being spent by users and backed into the costs. The plan will likely be good for healthy people and for some very ill people with high costs; medium users may end up spending some more dollars.

Mr. Goldberg said it will be interesting to see if any of the College's other providers respond to what happens when it puts in a CDHP. The College responded that, with the exception of Kaiser, everything is self-funded which would minimize this potential.

Mr. Penn said that as an employee he likes having more options. But, if the idea is that you are not actually lowering overall health care costs, just the costs to the employee and the other plans will absorb any overall increase, then there may be concerns for those in the other plans. Ms. von Barga responded that the College understands that under these plans (CDHPs) over time people become more educated about their health and health care choices and they become more involved in wellness that reduces costs.

Mr. McNutt noted that in terms of enhancing wellness, Kaiser has a screening van that can be brought on site for a health screenings. The screenings can be tailored to the disease or health issues that are the biggest concern. Because the UFCW is most concerned about cost containment, it has been looking at the first years of contracts that sometimes have lower costs which then rise over the term of the contract. The UFCW has been working with Mercer to shave costs off of its renewable contracts – AON might be able to help the county with this. The UFCW has also moved to supporting mandatory mail order to save several million dollars and has found the rank and file to be very accepting of this change. The UFCW has also moved to using a request for proposal (RFP) for disease management services. He is also looking at encouraging in-depth vision scanning as a screening for many diseases including heart disease and diabetes.

Mr. Lutes asked whether MCPS and the College could share what they have been able to do to date with disease management and what the challenges have been. MCPS identified some of the classic disease drivers. Mr. Johnstone said he thinks disease management has been pretty good, but the programs are voluntary and the issue is participation which is in the 50% range. The question is how to reach the other 50%. If 20%-30% of your people are using 60%-70% of your costs how do impact that? Mr. Lutes said that the Task Force has to focus on how we manage this group (or keep more people from joining the group). The Task Force should not spend as much effort on things such as changing co-pays and instead find ways to grab the 20% to 30% with large expenses and find ways to manage their diseases.

Mr. McNutt shared some information from the UFCW's experience with using an outside firm for disease management as opposed to the vendors providing the medical plans.

Ms. von Barga said one concern about using an outside firm for DM is getting the information from the insurance companies to the outside vendor. The College has about 56% of high need people participating in disease management, but are concerns about the cost of people who don't realize they are sick yet

Meeting adjourned at 9:45 a.m.

Attendees:**Task Force Members:**

Sue DeGraba	Montgomery County Public Schools (MCPS)
Karen DeLong	AFSCME Local 2380
Joan Fidler	Public Member
Erick Genser	IAFF Local 1664
Wes Girling	Montgomery County Government
Lee Goldberg	Public Member
Paul Heylman	Public Member
Tom Israel	MCEA
Rick Johnstone	MCPS
Jan Lahr-Prock	Maryland-National Capital Park and Planning Commission
Mark Lutes	Public Member
Tom McNutt	Public Member
Brian McTigue	Public Member
Edye Miller	MCAAP
William Mooney	Public Member (Chair)
Richard Penn	AAUP
Gino Renne	MCGEO Local 1994
Farzaneh Riar	Public Member
David Rodich	SEIU Local 500
Carole Silberhorn	Washington Suburban Sanitary Commission
Lynda von Bargaen	Montgomery College
Michael Young	FOP Lodge 30

Alternates:

Karen Bass (with Lynda von Bargaen)	Montgomery College
Anne McLeer (with David Rodich)	SEIU Local 500

Guests:

Councilmember George Leventhal
Lori O'Brien, Office of Management and Budget (County Government)
Patty Vitale, Chief of Staff to Councilmember Leventhal

Staff:

Craig Howard, Office of Legislative Oversight
Kristen Latham, Office of Legislative Oversight
Linda McMillan, Council Staff
Aron Trombka, Office of Legislative Oversight